PATENT APPLICATION FEE DETERMINATION RECOR									Application or Docket Number					
	PAIENIA		KU	10628449										
CLAIMS AS FILED - PART I														
(Column 1) (Column 2)								MALL EN		OR	OTHER SMALL I			
то	TAL CLAIMS						ſ	RATE	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OB	BASIC FEE	750.00		
TOTAL CHARGEABLE CLAIMS			12 minus 20=					X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS			3 minus 3 =		•		Ì	X42=		OR	X84=			
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT				ŀ							
that a difference in column 1 is loss than your cates "O" in column 0							L	+140=		OR	+280=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	7/17		
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL I			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
DM DM	Total	. 12	Minus	** /	20	= /		X\$ 9=		OR	·X\$18=)		
ME	Independent	· 3	Minus	***	3	=/] [X42=	/	OR	X84=	1		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=	1		+280=			
					•		L	TOTAL		OR	TOTAL			
			ADDIT. FEE		OR	ADDIT. FEE								
		(Column 1) CLAIMS	1	(Colu		(Column 3)) 7 r		ADDI-	1		ADDI-		
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE		
	Total ·	*	Minus	**		5] [X\$ 9=		OR	X\$18=			
	Independent	*	Minus	***		3]	X42=		OR	X84=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							. 4.40			+280=			
								+140=		OR	+20U=	<u> </u>		
										OR	ADDIT. FEE			
ļ				,										
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=			
	Independent	*	Minus	***		= .]	X42=		OR	X84=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J ∤			1	<u> </u>	 . 		
	lf the commitment	l	+140=		OR	+280=								
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE			
	The "Highest Nur	mber Previously Pa	id For" (Total o	or Independ	dent) is the	e highest numb	per fou	ınd in the ap	propriate bo	x in co	olumn 1.			